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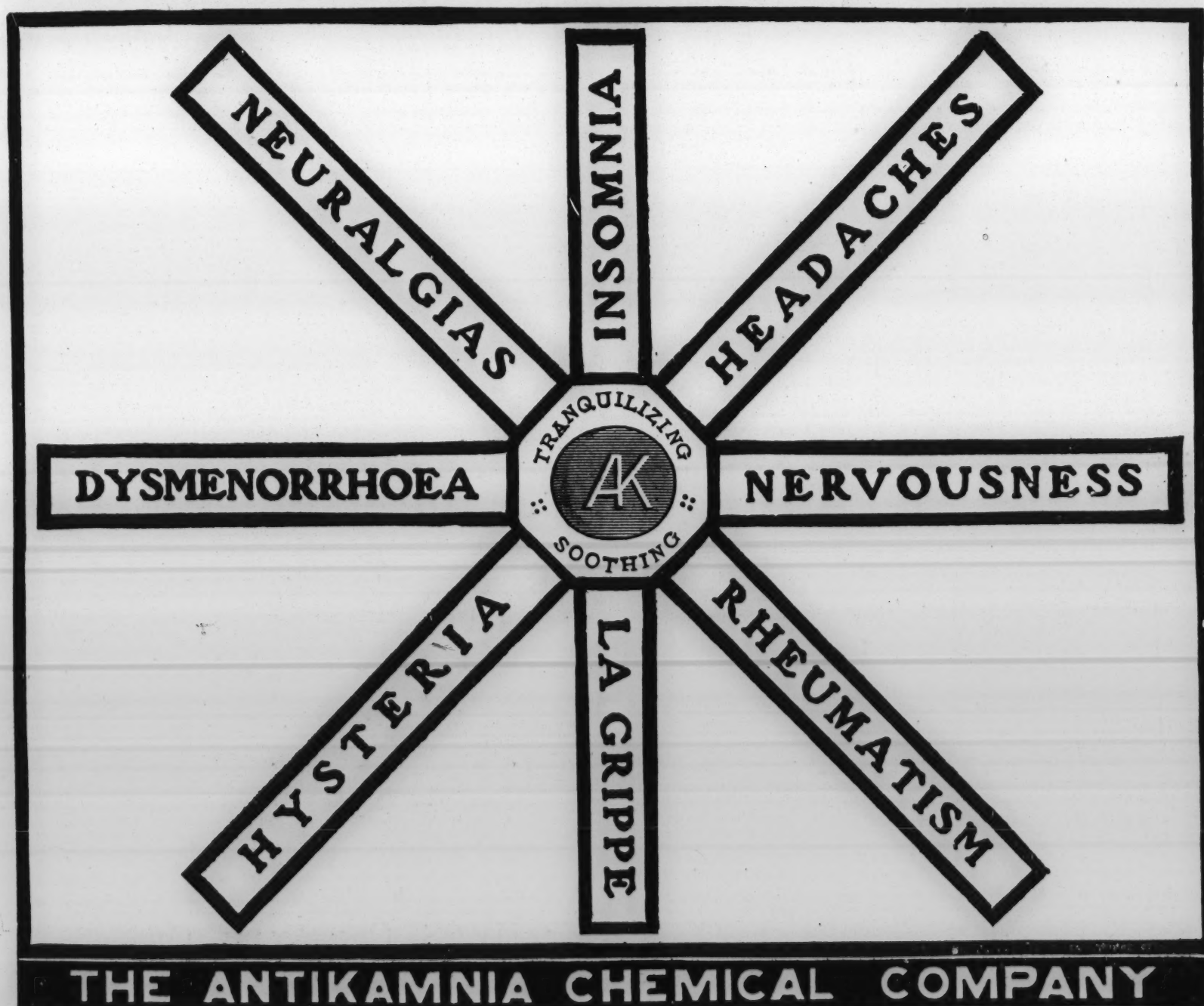
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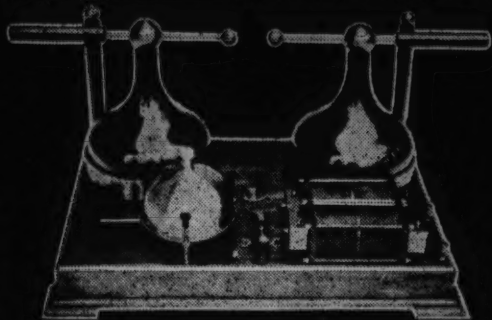
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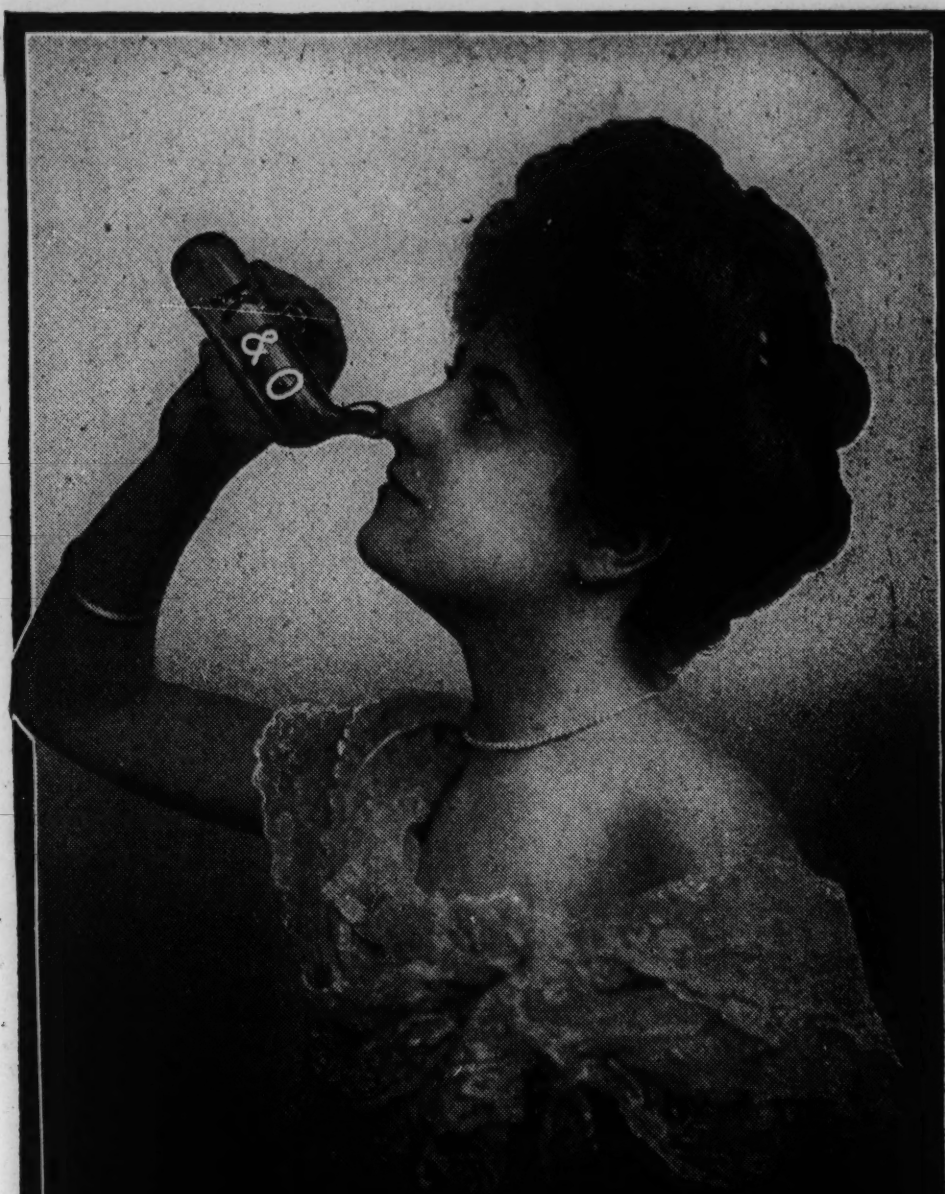
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CALIFORNIA MEDICAL JOURNAL.

VOL. XXVI.

JANUARY, 1905.

No. 1.

Scurvy.

ARTHUR WEIR SMITH, A. M., M. D., CHICAGO, ILL.

H. M., male, aged 38, had suffered more or less from painful distention of the stomach about three years; and, after a trial of various articles of diet, decided to limit himself to beef, mutton and shredded wheat biscuits. After being on this diet several months he had an eruption over his body which he described as "boils of a black color." When winter set in he had an attack which appeared like a rheumatic swelling of the right knee, but without fever. At this time he had an eruption of specks or spots as if red sealing wax had been dropped on the skin, which afterwards turned black. There was a dark-red line along the edge of the gums, and a deposit of yellowish curdy mucus on the teeth, while the breath had a mawkish odor. Drug treatment did little or no good, while he improved rapidly when put on a diet of baked potatoes, onions, lettuce, radishes, etc., with lemon juice. While

this kind of food had formerly caused him great distress, it was relished now, and no painful distention followed. The malnutrition was cured by adopting an antiscorbutic diet.

It is generally agreed that scurvy is a malnutrition due to bad water, alcoholism, exposure, too exclusively salt meat diet, lack of vegetables, of ventilation, and of cleanliness; and as a preventive the diet should include potatoes, cabbages, radishes and acid fruits.

The symptoms typical of scurvy are spongy bleeding gums, lassitude, anæmia, breathlessness on exertion, followed by lameness associated with synovitis, and hemorrhage, with fusiform swellings on lower limbs.

There is good ground for including together all those cases of blood degeneration, classed as hæmorrhagic, which have some of the symptoms of scurvy, as due to the same causes and as amenable to the same treatment.

In the case with which we begin this paper the symptoms are from blood degeneration, and correspond to simple purpura. We have the purpuric eruption, and the dark-red line along the edge of the gums, both due to spanæmia, and both cured by adopting an antiscorbutic diet.

Koch holds that purpura is a symptom of an underlying condition which we find in scurvy, hæmophilia, erythema multiforma, erythema nodosum, and even in acute rheumatism and endocarditis. Rheumatic purpura is only a form of scurvy. Scurvy may complicate typhoid fever, congenital syphilis, hæmorrhage, measles, and hæmorrhagic variola. Hemorrhage as a complication in disease suggests scurvy. He, and writers before him, holds that scurvy is due to pathogenic parasites rather than to dietary and hygienic causes.

Coplands, in his observations on scurvy, from his experience during the Boer war, takes the ground that the disease is of bacterial origin. He reports that in the Volkrust and Middleburg camps there were no cases of scurvy, while at Standerton there were one hundred cases, while all these camps were under like conditions. These were Boer camps. In the European camps there were 28½ per cent.; and in the native camps, where uncleanness was conspicuous, there were 76 per cent.; and among the scavengers 16 per cent. of cases. One squadron of European troops had fresh vegetables, while two had none, and there were no cases of scurvy in either. In a body of very uncleanly natives there

were the most cases; and here food as a factor must be left out.

He concludes from the evidence that the disease is conveyed by a mouth-to-mouth infection; and in further proof presents as evidence the fact that no recovery took place till the gums became normal; and also that vigorous mouth antiseptics and removal of cheesy masses, cured in 30 to 60 days, while constitutional treatment alone took 60 to 90 days. There was no pyrexia with mouth treatment while there was with constitutional treatment. Once recovered there was no return of the disease.

The same observer gives the clinical history of the disease as he observed it. He says that cases began with inflammation of the gums. Around the teeth and next to the gums was first noticed a collection of food. The gum edge nearest this aggregation soon became of a deeper red tint. The deeper red-tint area spread rapidly, but in the early stage was always separated from the healthy gums by a definite violet-mauve demarkation line. In a few days the whole of the gums, both internally and externally became involved in an inflammatory process, and areas devoid of teeth which had heretofore been healthy were now affected. At this stage the affected tissues were deep red in color, soft, swollen and compressible, tender and bled easily on pressure. In a few days the gums separated from the teeth and deep in the furrow thus formed were masses containing pus, food debris and various micro-organisms. At this stage there were no other symp-

toms, the constitutional symptoms appearing later.

While a typical case of scurvy as thus described is rarely seen by the practitioner in ordinary practice, the disease, in a modified form, is not uncommon in the case of infants raised on the bottle with patent food preparations.

Infantile scurvy was first described by Cheadle (*Lancet* 1878). He found that infants fed at the breast, or on fresh cow's milk did not have the disease, but that where it occurred the infant had been fed on farinaceous foods, patent foods, condensed milk, peptonized milk and even sterilized milk.

The symptoms of infantile scurvy are anæmia, earthy complexion, general and progressive muscular weakness, mental hebetude, easily irritated, diarrhoea, poor appetite, vomiting of food, excessive tenderness, pain in handling or moving limbs, fusiform swellings on limbs, subcutaneous hemorrhage, "black eye," hemorrhage from bowels or kidneys. The swollen extremities show no signs of inflammation.

The disease is liable to be mistaken for rheumatism, rickets, congenital syphilis or spinal paralysis.

The disease in the infant as in the adult is a perverted nutrition; some element of food has been omitted from the diet which is necessary to health.

The following case will serve as an illustration which we abridge from the report of Dr. McCanahan.

Infant, nursed four months, then fed on cow's milk for two months when it had an attack of entero-collitis; after

this it was put on dry patent food. After feeding it on the latter food two months its strength began to fail; and, progressively, the fat absorbed and the skin lay in folds; it became more pale and anæmic, was cross and fretful, and slept only short periods. In another month it cried when taken up; the mouth was sore, the gums red and tender. Treatment: Milk, cream, sugar of milk, expressed juice of rare steak, and orange juice. Well in thirty days.

Autopsies in infantile scurvy show layers of black clotted blood between the periosteum and bone of the extremities, with softening and disintegration of the bones, with separation of the epiphysis, but with no signs of inflammation.

The fact that an antiscorbutic diet cures scurvy and also those conditions where there is blood degeneration manifested by purpuric, and other symptoms of the disease, affords a basis for proper alimentation in health and sickness. Potatoes, raw or cooked, not only cure scurvy, but where they have constituted the only food there have been no cases of scurvy. It is thus seen that they furnish the food elements necessary to properly nourish the body. Food to do this must be nitrogenous to nourish, non-nitrogenous to afford heat, and include the juices of vegetables and the acids of fruits to promote assimilation.

Applying these principles to the treatment of disease in general where we have blood deterioration indicated by symptoms of scurvy we should look to the form of nourishment taken, and

supply any deficiency in a form suitable to the case.

It is clear that we must give a fruit acid in typhoid and other fevers characterized by blood degeneration to convert albumenoids into blood as we must in health. As mineral acids have not been found so valuable in scurvy as fruit acids we select the latter; and as Lonsdale (1847) recommended orange juice as a specific in scurvy, so we might best select it as preferable to lemon juice, which is unpleasantly acid. Hard cider has long been a favorite with Eclectics in these cases. We have all the elements of food in proper form for the sick in beef juice, orange juice, and fresh milk.

The fact that infants become stunted, anæmic and deformed while fed on patent foods suggest that the lack of proper food elements may be the cause of disease in the adult. We have a host of predigested breakfast foods much advertised, which might well be

replaced by food nearer the natural state. Brush reports the case of a man who had violent attacks of vertigo with blindness; had been losing flesh and strength for several months; urine contained 15 per cent. of albumen, who was cured by "live" food—that is, articles of food as fresh as obtainable eaten raw—as fresh beef, fresh eggs, raw oysters, raw clams, apples, oranges and other raw fruits.

In the treatment of scurvy fresh articles of diet are indispensable.

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 748. So. Spaulding Ave.

Vibration and Harmony.

F. J. PETERSEN, M. D., LOS OLIVOS, CALIFORNIA.

EVEN to the medical profession the study of this branch of science is of great importance. If it is understood that our respiration and consequently circulation will more or less respond to the environment and the nature of vibrations around us, it can easily be seen why certain conditions, music, etc., will affect us in various ways as they do. The laws and force of vibrations are not generally well

enough understood by the physicians to be of benefit to them in the practice of medicine and especially in the treatment of disease of the mind. It is well known that our heart beat will try and adjust itself to the rhythm of music. If the tempo of the music is below the average heart beat of 72 a minute, we will find our circulation will respond to the vibrations of the tempo and the result is that with the sympa-

thetic and delicate it exerts a marked depressing influence. Their breathing becomes slower and shallow and if the tempo is carried on at the same rate, or lowered, the result may be fatal in very sympathetic and weak persons, and harmful to those that are so to a less degree, while others who are stronger and less sympathetic will not be affected much. As you, however, increase vibrations to and above the normal heart beat you will exhilarate, and if carried far above even intoxicate. A quick march giving rapid vibrations will exhilarate, while a slow march, say for instance, Chopin's funeral march would have the opposite effect. By having an understanding of what the effects of vibrations are it can be easily comprehended why some people faint, when sad music is rendered.

It can readily be seen why sad music, tragedy, drama, etc., are harmful to some people. That music, therefore, is of great value in many nervous conditions if scientifically applied, cannot be denied.

It should always be remembered that we are ever ready to accord with stronger vibrations in harmony with our own; or in other words, that appeal to us. The question may be asked why it is that a person sad and depressed that hears lively music, why is it that the vibrations do not appeal to him; on the contrary, may make him more depressed? The answer is, there is an entire lack of sympathy, in fact there are strong antagonizing feelings, perhaps stronger than the vibrations given out and carried to him. Here it is a matter of power of force. How-

ever, take this same person and have him listen to soft, slow and sweet music and he becomes soothed, because the vibrations appeal to his key-note or natural condition at the time. By having struck his key-note you may be able to carry him along, and, finally, sad as such a person may be, in the end he will be lighter-hearted. It will thus be understood that antagonism if not powerful enough to overcome the condition may increase the depression. On the other hand by striking the key-note a person may be carried along, overcoming what the antagonistic vibrations only increased. Again, where there is any tendency on the part of a person to liven up the result is always to respond more or less quickly to lively and quick music.

Discords in music, shrill sounds, are generally trying on people especially on those whose cones in the inner ear are well in tune. Where they are not naturally so, or not trained, discords seem not to disturb. Although all this on first thought may seem to have no value in the practice of medicine, further consideration will bear me out that it is of great value and especially so in disease of the mind and nervous system and with the weakly, nervous and sympathetic.

THESE WOMEN.—“The doctor said he couldn't do anything for my rheumatism unless I drop out of my rainy-day club.”

“What does your rainy-day club do?”

“Why, we dress up in our suits and run around in the rain, of course.”—*Indianapolis Journal*.

Interstitial Nephritis.

DR. E. H. MERCER, SAN FRANCISCO, CAL.

Read before the San Francisco County Medical Society.

MR. PRESIDENT AND FELLOW MEMBERS :

I will invite your attention this evening to a brief consideration of the interstitial form of nephritis, which, our text-books tell us, is one of the most insidious and invariably fatal forms of kidney disease. It is known also as renal cirrhosis, contracted kidney and cirrhotic Bright's disease, names which are indicative of the pathology, that of a chronic inflammation of the interstitial connective tissue of the kidneys. This inflammatory action results in infiltration of leucocytes and the formation of new fibrinous tissue which in the course of time contracts. With the shrinkage of the kidney some of the uriniferous tubules and even atrophy become wholly obliterated.

At first the symptoms of the disease do not point directly to kidney trouble. There is general debility, gastro-intestinal catarrh, headache, nausea, vomiting, palpitation of the heart, cough, dyspnoea and disordered vision. Later, there is slight puffiness under the eyes but seldom any dropsy; the pulse is full, tense and bounding, with dilatation of the left ventricle. The quantity of the urine is increased. It is pale in color, Sp. gr. 1010, with albumen absent or merely a trace and possibly the presence of a few tube casts. There comes a time, however, in the progress of the disease when the frequent urination, the uremic symptoms and

apoplectic attacks point unmistakably to the kidneys as the seat of the trouble. The differential diagnosis is comparatively easy if we bear in mind that in both the acute and chronic forms of tubal or parenchymatous nephritis, dropsy is a prominent symptom and that albumen is present in the urine in large quantity. In the amyloid or waxy kidney, however, dropsy does not appear until later in the disease and might lead to error if it were not that albumen is present in marked quantity and that uremia which is common to both the tubal and interstitial forms seldom occurs.

I will submit a case in practice :

About 2 a. m. on the morning of the 18th of August last, I was summoned to the bedside of Mrs. W., a woman about 45 years of age, supposed to be dying. Her husband informed me that she had been ailing for several years and had treated with various physicians without benefit, and that for the past nine months she had been taking treatment from a Chinese doctor, going to his office daily for her cup of tea. For the past two or three days she had complained of severe headaches.

I found the patient comatose. There was stertorous breathing, conjunctival reflex absent pupils dilated, pulse tense and very rapid, limbs twitching and jaws firmly locked together. Diagnosing the case as uremia, I gave hypo-

dermically nitroglycerine and pilocarpine, and ordered the nurse to place hot packs over the kidneys and to give a rectal enema of normal salt solution. Then leaving instructions with the nurse to repeat the nitroglycerine and pilocarpine injections two or three times until there was free diaphoresis, I left, saying I would call in the morning, hardly expecting to see the patient alive again. However, when I called I found that she had rallied from the coma, had perspired freely, but now exhibited maniacal tendencies. She recognized no one and was very restless. Her eyes were wild and staring and limbs occasionally twitching. I ordered Epsom salts to be given until there was free catharsis and wrote a prescription for

Potass. acetat, $\bar{3}$ ss.

Sp. apis., m x.

Sp. convallaria, $\bar{3}$ ss.

Sp. passiflora, $\bar{3}$ i.

Neutralizing cord., ad. $\bar{3}$ iv.

M Sig. $\bar{3}$ i. with plenty of water every two hours.

I requested the nurse to save all the urine passed during the next 24 hours, and, later, on examination, I found that the urine was pale in color and of low sp. gravity, that the quantity was considerably increased above normal, that albumen was present but not in large quantity and that there was a marked deficiency in the excretion of urea.

Her diet at first was malted milk; later on farinaceous food was allowed, also green vegetables, stewed fruit and occasionally fish and the breast of chicken. She was told to avoid espec-

ially red meat, soups, all spiced and highly seasoned dishes and condiments.

The patient is still under treatment. Her urine shows just a trace of albumen by the potassium ferrocyanide test. She is enjoying, however, good health and able to do her own housework.

In concluding this paper I would like to suggest for discussion, first, the employment of a mixed diet instead of an exclusively milk diet in nephritis; second, the value of the combination of nitroglycerine and pilocarpine in uremia, and, third, the prescription given in this particular case: Sp. apis. for the suppression and to relieve congestion and irritability of the kidneys, potass. acetate for its depurant action, increasing the elimination of solids, convallaria for its direct action on the heart, slowing the pulse and toning up the weakened heart muscle, and for its secondary effect on the kidneys in increasing diuresis, passiflora for the nervous symptoms and the vehicle of neutralizing cordial as the tongue was white and pallid, showing indications for the administration of an alkaline mixture.

SERVED HER RIGHT,

When I hear a machine agent trying to win a customer by claiming all kinds of defects about his competitor's goods, it reminds me of a neighbor lady whose sister had just given birth to twins. She said: "Well, I wanted you to employ a homeopathic doctor, and this is what you get for calling in an allopath. Next time you will listen to me."—*American Thresherman*.

Acute Intestinal Obstruction.

Read before the Brooklyn Surgical Society, October 6, 1904.

BY WARREN S. SIMMONS, JR., M. D.

IN speaking of the subject of intestinal obstruction, my desire is to bring before the Society for discussion that disastrous condition in which the patient is so suddenly stricken and quickly realizes his end unless prompt aid is given to him. I say prompt aid, I think advisedly, for all know too well the awful picture of acute suffering, distended abdomen and anxious countenance that at times we are compelled to witness, and realize that the victim of the accident has delayed too long before appealing to the surgeon for relief.

The important classifications of intestinal obstruction are two in number, namely, the acute and chronic; and the importance of separating the two varieties cannot be too strongly urged, as it is upon this that the only rational treatment exists, the chronic forms permitting us to employ the element of time in our diagnosis and remedial agencies, and also causing the recognition of the fact that there is some other condition to be considered besides the obstruction; while in the acute variety instant and immediate mechanical procedures must be undertaken to save the patient's life.

The causes of intestinal obstruction are well known to you all, but of the acute forms there are only two conditions that are recognized with any degree of rapidity and certainty, the strangulation of the intestine through a hernial orifice and that train of symp-

toms of vomiting, tenesmus, bloody and mucous stools, and suddenly formed abdominal tumor that denote intussusception. The conditions of volvulus strangulation by bands, recent adhesions causing kinking and the slipping of intestinal coils through normal and abnormal intra-abdominal openings, can only be determined by sight after the abdomen had been explored.

The following cases will be, I think, of interest to all:

W. F., boy, aged 2: Mother first noticed a diarrhea, as she expressed it, about noon. Stools became very frequent and small with much tenesmus and blood, and child commenced to vomit. I saw this boy about two and a half hours after it was taken ill and found the following conditions:

Evidences of abdominal pain in the drawing up of the legs and crying. Movements examined and consisted of fluid blood and mucus. Temperature normal, pulse 120. Abdomen contained a tumor about two inches long, situated in left iliac and umbilical regions. This child was treated by using about a quart of warmed olive oil, introducing it into the rectum through a large soft rubber catheter attached to a fountain syringe held three or four feet above the bed, and also by massaging the tumor externally. In an hour's time the tumor disappeared. The child's hips were then lowered and the oil allowed to escape. The after treatment consisted

in attempts to limit peristalsis by the use of opium and a carefully restricted diet. The recovery was uneventful, and there has been no return of the trouble in the last four years.

Case 2. Boy, age 8. Has had no normal bowel movements for three days. Passages from rectum infrequent, consisting of blood and mucus. Pain in abdomen that came on soon after slipping on the stairs three days ago. Abdomen slightly distended, not tender except over a tumor about two and a half inches long, situated in umbilical regions. This child was seen by Dr. Kinne about four hours previously, who, after unsuccessful attempts at reduction by rectal injection, kindly referred the case to me at St. Johns. The pulse was 146 and weak, temperature 99. A medium incision revealed an invagination of about ten inches of the ileum, in a gangrenous condition. The gut was excised; end to end anastomosis performed. This boy seemed to stand the operation fairly well, recovered consciousness, but died about six hours later.

Case 3. Male, aged 28. History of reducible inguinal hernia for several years. While at work hernia suddenly descended and became painful, accompanied by vomiting. Returned home and the rupture was voluntarily reduced by the reclining posture. Pain and vomiting still kept up and abdomen commenced to swell. Small tumor was present in right inguinal and extending into the hypogastric region. This was the history when seen by me fifteen hours after the accident. Patient was removed to hospital, abdomen

opened, bowel found to be constricted by a band completely occluding the ileum. End to end anastomosis with Murphy button after excision of nearly three feet of gangrenous intestine, and abdomen closed without damage. Patient made an uneventful recovery.

Case 4. Female, 38. Widow. Pain and tenderness in abdomen, with marked distention. No bowel movement for six days, vomiting dark fluid material with fecal odor. Urination ceased two days ago and catheter revealed only a few ounces in bladder. Abdomen opened and cause of obstruction found to be bands originating from inflammatory area around old pus tube. Nearly the whole of the small intestine was distended and its coats much thickened. Closure of abdomen with drainage. Death in about thirty hours.

Case 5. Female, 7 months. Entered St. John's Hospital November 20, 1900. Service of Doctor Hopkins. Patient has had no normal bowel movement for three days. Vomiting. Frequent discharge of mucus and blood from rectum. Tumor about size of hen's egg in lower central portion of abdomen. Abdomen not distended. Temperature 105, pulse 172, respiration 30. Medium laparotomy revealed an intussusception in gangrenous condition, occupying ileum and cæcum. End to end anastomosis with Murphy button after excision of gangrenous bowel. Patient died five hours later.

Case 6. Male, aged 50 years. No history obtainable. Vomiting of fecal matter. Marked abdominal distention, temperature subnormal, pulse 160. Laparotomy by medium incision showed

distended, thickened bowel above a constriction formed by a band in left inguinal region. Band was severed between ligatures and abdomen closed by through and through sutures of silk worm gut. Patient left the table in a condition of marked shock and died three hours later.

Studying these few cases whose history so closely resembles others of like character, surely reveals the desperate condition into which the patient rapidly fails, and what to do for him is the first question that arises.

If seen very early in the attack, the cases of intussusception can at times be relieved by the distention of the large bowel as in Case 1. Whether this shall be done by fluid or gas depends much on the surroundings present. Fluid is obtainable almost anywhere; gas is not always within reach. Invaginations in the large bowel and at the ileo cæcal valve may be reduced by distention of the colon with fluids; but some experiments by Senn on animals proved that attempts to force water beyond the valve resulted in rupture of the peritoneal coat of the colon. Gas, however, could be carried by the valve, and the small intestines distended without causing the same peritoneal injuries.

If no suitable apparatus is present, a bicycle pump, bellows or inverted charged syphons of carbonated water may be used for this purpose, the gas being introduced through a long rubber tube passed up as far as possible, care being taken to compress the anus around the tube to prevent the gas escaping externally.

A combination of distention and massage has relieved some cases, but should not be employed for too long a time.

Before an operation is undertaken on cases of intestinal obstruction, much can be accomplished by the employment of rectal and gastric lavage. This procedure contributes, in a large percentage of patients, to their comfort, both by preventing absorption of the intestinal contents and also by relieving the vomiting that is so great a strain in their weakened condition. Before an anesthetic is administered, the stomach must be emptied by the tube, as there are numerous cases reported of death on the table from drowning, when after the abdominal tension has been relieved, the stomach contents are suddenly expelled in enormous quantities and in spite of the greatest care, on the part of the anethetist, much of the material finds its way into the trachea.

The methods of operating in this disease will vary according to the choice and technic of various surgeons; but three things must be done. The lumen of the bowel must be made patent either by relieving the constriction or the establishment of an artificial anus. Gangrenous gut is to be removed from the abdominal cavity and over distended intestinal coils emptied; and lastly, the time in which any operation is done must be short; too much delay and intestinal manipulation often meaning the death of the patient.

Whether to employ local or general anesthesia will depend on the patient's general condition, and must be decided upon the merits of each individual case.

We cannot urge too strongly the absolute necessity of early operation. Two of these reported were seen, one from three to four hours and the other about fifteen hours after the attack commenced, and both recovered. The others having delayed too long before seeking surgical relief, met their death.

There has purposely been omitted from this list of cases those of strangulated hernia. The brilliant results of surgery in this condition depends, I am convinced, upon the early recognition of the trouble and the prompt action of the surgeon.

One other case that came to my notice was through the courtesy of Dr. Rankin. A patient left in his charge by Dr. Brinsmade was convalescent from

an attack of acute suppurative appendicitis. She was out of bed and walking about the hospital. One morning feeling somewhat nauseated, she remained in bed, and when the doctor asked her condition she replied by vomiting some fluid material with a fecal odor. I doubt if an hour intervened between the time she first vomited and that in which her abdomen was opened, and the intestine that was constricted by bands and kinks straightened out. Her recovery was uneventful.

This case, and there are many like it, taught a good lesson, namely, that in acute intestinal obstruction, make an early diagnosis and immediately employ surgery for its relief.—*Brooklyn Med. Journal*.

Is a Knowledge of Materia Medica Necessary?

“What fools these mortals be.”—

Midsummer Night's Dream.

RALPH J. SCHIRMAN, M. D., SAN FRANCISCO.

IN looking over the faculties contained in the announcements of the various medical colleges, we come across the line “Professor of Materia Medica and Therapeutics.” How unnecessary must that chair appear to the present day physicians, and how superfluous to the students of the college when by simply perusing the advertising pages of the various Medical Journals and the literature sent out by the Proprietary Medicine Manufacturers, all the knowledge necessary to prescribe for a patient can be obtained. Has the

patient pain, anti-pain tablets will stop it; are the kidneys and bladder disordered, santo will cure that; does the patient need a tonic, Blank's beef or iron tonic will soon build him up. How foolish it is that so many people waste four or more years of their lives and several hundreds of dollars for a medical education when it can all be obtained from the proprietary manufacturer. All that is really necessary to practice medicine is to take a large number of medical journals, read carefully the directions given by the advertisers, act

in accordance with the instructions and there you are. The manufacturer is willing to take all the burden of diagnosing, etc. There is an odd chance that the patient may be suffering from nephritis, a heart lesion or something else that would require far different stuff, but that has nothing to do with the case.

And then after having secured the co-operation of the physician to prescribe his stuff, the proprietary medicine manufacturer, in the interest of humanity, proceeds to inform the physician that it is the safest plan to prescribe his combination in original packages for fear of druggist substitution, when the manufacturer knows very well that the only substitution that is liable to be made is that of his combination in place of the physician, by the patient after he learns what he is taking.

The substitution evil is not as widespread as the manufacturers of proprietary medicines would have us believe, and the cry of substitution was raised by the manufacturers merely as a means of getting physicians to prescribe their combinations in original packages and thus inform the public that Jones' pills, Smith's tablets, Green's compound all have the endorsement of the medical profession.

It may be that some of the proprietary medicines have sufficient virtue to be endorsed by being prescribed by physicians, but the manner in which the manufacturers use such endorsements for the information of the public should receive the condemnation of the entire profession.

For instance, since the postal authorities have allowed manufacturers, etc., to print their own postal cards, the medical man is receiving postal cards large enough for street cars signs, and all of them instructing the physician that it is his duty to use some one's preparation for something or he is fatally behind the times.

Can the mind of man conceive impudence carried to a greater extreme? The physician who allows his name to be used in connection with such articles does wrong to himself, to his common sense, to his standing in the profession, to his obligations to the sick and to the public.

The giving of testimonials or endorsing some proprietary medicine by physicians is, in many instances, merely a case of vanity; the physician desiring to see his name in print, but there is danger connected with said endorsement. When John Doe gives his opinion that ice is hot and fire cold, it remains John Doe's opinion, but when John suffixes his title of M. D. to his opinion regarding copyrighted medicines, wines, beef extracts, etc., it becomes of professional significance and to some extent involves our entire profession therein.

Unless the physician has missed his calling and if he is capable of thinking at all, the Pharmacopœia and Dispensatory should certainly be large enough to allow him to exercise himself freely in the art of prescribing, to think out his prescriptions, to make any required combinations and let ready-made substitutes severely alone and thus refute

the opinion, as has been often alleged, that he does not know enough to write a prescription.

If he prescribes A's emulsion, B's lozenges, C's cod liver oil, D's pills and E's bitters, he becomes a mere distributor of proprietary goods and the pharmacist need do no more than hand it out to his customers just as the grocer hands out soap, matches and crackers.

The same hat cannot fit every head, or the same shoe answer for every foot,

neither can the proportion of ingredients in a ready-made combination suit every patient's case, therefore the physician should determine not to aid any speculator in life and health and also in justice to the entire profession, the physician should avoid prescribing preparations which will enable patients afterwards to snap their fingers in the physician's face and take the remedy as often as they please without his aid or knowledge, after the first prescription, in any part of the country.

Points of Interest in Relation to Phenomena of Shock.

BY R. C. KINNAMAN, M. D., ASHLAND, OHIO.

(a) The nearer the injury to the brain or cord, the more pronounced the shock, simply because the heat centers are situated there.

(b) Women are less susceptible to shock than men, because their normal temperature is slightly lower; hence they can bear a lower temperature without as great a manifestation of shock. (Bedridden patients come under this same explanation.)

(c) There is a tendency to shock in certain anemias because the power of heat production is lessened.

(d) Shock occurs under chloroform because this drug lessens heat production.

(e) The young rally more quickly than the old, because they produce relatively more heat.

(f) There is a decreased shock in the old when there is no organic disease,

because of a lower standard of metabolism and of body temperature.

(g) The value of hot water irrigation in operations on the brain, and of hot pads in abdominal operations, as preventives of shock, is based simply upon their action of preventing a lowering of temperature in these important regions.

Coming to the symptoms of shock we find that this theory gives a logical explanation of the phenomena observed. The following deductions can be made from the symptoms here considered:

(a) Faintness and loss of consciousness.—The brain functionates at a temperature of 40 degrees C, which is second in height only to that of the liver. Therefore, from its relatively high temperature the brain would be more quickly and profoundly overcome

than any other organ, except perhaps the liver. The secondary circulatory depression in the more severe cases also adds to the disturbance of brain function.

(b) Immediate and profound general depression.—The sudden and marked fall in body temperature results in a great diminution of metabolism and a consequent general depression of all functions.

(c) Circulatory system.—1. Heart action rapid, weak and irregular. This condition is secondary to, and dependent upon the sudden drop in temperature which acts upon the heart in two ways:

(a) Directly on the musculature, and (b) by interfering with nerve impulses to the heart either in the nerve centers or along the course of the nerves. Considering the former way, we know that a decrease in muscular tone and a lessened power of contraction naturally follows a rapid fall of temperature in the heart muscle, and as a sequence we would expect the heart to attempt to make up for its lost power by beating more rapidly. The result is a weak, rapid and irregular action. Considering the latter way, we find that a fall in temperature interferes with the promptness in response to stimulus in the vagus and sympathetic nerves, and has a like effect on the conduction of impulses, but since "the reflex acceleration of the heart beat is due (apparently) to change in the cardiac inhibitory center and not to augmentor excitation," it is but natural to presume that the principal effect of the fall in temperature would be due to

vagus insufficiency, either in its center or along its course, and the result would be a more rapid beat.

2. The vessels are relaxed. This relaxation is dependent upon lowered tonicity of the muscular coats and to a minor extent of the other coats. Since decrease in temperature interferes with the activity of the constrictors more than it does the dilators, the dilating effect would probably be in evidence. As a result of the lack of vascular tone the circulation is greatly retarded.

(d) The character of the pulse is explained by the conditions existing in the heart and vessels.

(e) Coolness and pallor of the skin, pinched face and cold extremities, are explained by the condition of circulation and the general decreased metabolism.

(f) Shallow and irregular respiration is due to:

(1) Cool blood lowering depressing the respiratory process; (2) less blood is sent to the lungs; (3) less muscular activity in the respiratory act.

(g) Diminished muscular tone naturally follows the fall in temperature, because the nerve influence is deranged and the natural chemical changes are retarded.

(h) Diminished functional activity of all body organs is dependent upon lessened metabolism. As a result we would expect to have a loss of muscular tone and interference with nerve reflexes. This is exactly what we do get.—*International Journal of Surgery.*

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Chronic Nephritis

Dr. I. M. Proctor reports the results obtained with Triosine
in more than a dozen cases.

TRIOSINE CHEM., CO., SAN FRANCISCO:

Gentlemen: Answering your letter asking for my experience with Triosine, will say that I have used it in more than a dozen cases involving nearly all forms of Nephritis. To be specific and recall a few:

Mrs. S— was brought to me from San Francisco, as I had previously been the family physician. The case was Chronic Nephritis, involving general dropsy. The ordinary means had been exhausted, and the physician urged tapping. This was repugnant to her and she was brought to me. Realizing that everything had been done for her, I decided to put her on Triosine, this being my first experience with it. There was a prompt reduction of the albumen and dropsy, with complete recovery in about six months.

My second case was a Swiss, a case of Chronic Nephritis. He had been in my hands for the same disease five years before, hence there was no doubt as to its chronic nature. Having used the usual treatment before, in view of my success in the case above mentioned, I put him on Triosine. There was gradual improvement. In about three months the albumen disappeared, and the last time I saw him he was to all appearance well.

An interesting case was that of an elderly lady in which I judged the Nephritis was secondary to a large fibroid tumor. This was the only case in which I had a failure. The symptoms were very greatly relieved, and I have little doubt but that the Triosine prolonged her life fully a year, but the patient succumbed to the gradual growth of the tumor. I did not think she would live three months when I put her on the treatment, and but for the tumor there would in my judgment undoubtedly have been a recovery as in the other cases.

In two cases of children suffering from Nephritis following scarlatina, the results were as gratifying as they were unexpected. In one the symptoms were alarming, including dropsy and bloody urine. The diagnosis pointed to an early fatality. Anticipating that due to the scarlatina there might be a definite change of structure in the kidney tissues, I doubted that the desired results would ensue. To my astonishment the action of the Triosine was more prompt and definite than in previous cases, the albumen completely disappearing in both within a fortnight with fine recoveries.

Mr. K—. This was a case of Chronic Nephritis involving secondary syphilis. Patient had been six weeks in bed and was so dropsical he could not turn over. Not having seen a case like it I questioned the results, but decided to tap him and put him on the Triosine and treat the syphilis later. He began to make progress, and a little later I gave the Triosine in connection with the iodides with steady improvement, till the patient is now again about his daily duties.

The most astonishing recovery, was that of a Mr. J—, a farmer, who was blind and in convulsions as the climax of a long struggle with the disease. As in several other cases in which I was called in at a late moment I realized that the usual treatment had been exhausted and immediately put him on Triosine. I had no idea there would be any results. The third day he regained consciousness; in a week showing marked improvement with eyesight returning, and in a few months was and is now attending to his daily farm routine.

My other cases were less interesting, the favorable results being simply cumulative. Having used Triosine in nearly all forms of Nephritis and carefully noting the effects I will state that the results have been more than satisfactory, and I believe you have in Triosine the long hoped for specific for Bright's Disease.

I am, yours truly,

Petaluma, Cal., December 16, 1904.

I. M. PROCTOR, M. D.

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CALIFORNIA MEDICAL JOURNAL,

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Editorials.

Medical Legislation.

The Journal does not know how many, if any, of the members of the legislature made an anti-election pledge to the Medical Societies of the State of California. The Journal, however, rather believes that no candidate for legislative honors, so far forgot himself as to believe that any law was perfect, or state what his attitude would be in case of an unknown modification.

Philip Mills Jones, as Secretary, representing the Medical Society of the State of California, under its seal, requesting anti-election statements from legislative candidates, states that the present law should "be preserved in its integrity, without addition or modification." Dr. Jones has spoken—the law is perfect, and should be as immutable as the laws of the Medes and

Persians. Progress should stand still. The waves should not advance, for I, Dr. Jones, as the representative of the Medical Society of the State of California declare we have arrived at the acme of perfection. Our law is perfect. It is finished.

Guy E. Manning, M. D., representing the California State Homœopathic Medical Society is more modest. He is simply "anxious to know how you stand regarding this present law and what your attitude would be in case of any modification." A pretty hard question, for the gentleman who is not familiar with the workings of the law to answer. The presumption is the candidate did not answer.

What B. Stetson, the Secretary of the Eclectic Medical Society of the State of California was anxious to know is unknown to the Journal.

The Journal, however, believes that the law of 1901 is far from being perfect; that it should be modified and

changed in many respects, and offers the following reasons why it should be amended:

Section 1. As this section now stands, the Medical Board consists of nine members—five allopaths, two eclectics, and two homoepaths—and only the vote of six members is required at the present time to carry any motion, resolution, etc. All that is necessary to make the Medical Board despotic is to form a combination with the allopaths and one of the other societies, leaving the third society entirely without representation so far as making any rules is concerned, unless out of the mercy of its heart this combination should allow them to breathe. This should be remedied by the governor appointing three members from each society and requiring the affirmative vote of seven before any motion or resolution can be carried.

We go still further and give the governor the right to reject any name he may see fit and appoint some one from the society who shall be in good standing, with the further qualification of having practiced medicine for at least five years. We do this advisedly for the reason that it will prevent the board from being composed of unreasonable men to the detriment of the medical profession at large, who, instead of carrying out the spirit of the law, make a farce out of it, as has been done in the past. In other words, it gives the governor the balance of power and allows him to check any unreasonableness existing in the board.

Sections 2 and 3 are satisfactory.

Section 4 should be amended, and in

doing so set a standard for the board to be governed by and how they must act toward each of the legally incorporated colleges, leaving nothing to their discretion, nor any loopholes for any unreasonableness or partiality, and should also provide for the attorney-general to have the charters of the colleges forfeited if they do not teach according to the rules as set forth in this act.

Section 5 should be amended materially. In the first place, the Association of American Medical Colleges should not be our standard. It is an institution which is outside of the State of California and over which we have no jurisdiction. We believe that we are capable of fixing our own rules and regulations and attending to our own internal affairs without having some institution which does not pay taxes and which is not under the jurisdiction of our courts to dictate to us. We also believe that after a student has attended 3,100 hours in school during four years, as prescribed in this act, and after receiving his diploma, that he is entitled to have his license to practice medicine without any further examination by the board, the board having control over the colleges to the extent that they must instruct properly according to the rules of their several societies. We also believe that proper courtesy should be shown physicians coming from other States who have been licensed and who have practiced their profession in the places where they formerly resided. They should not be treated as outcasts and impostors unless they really are such. Our

experience in the past year has shown that many eminently fitted and educated physicians have come into this State and sought to obtain a license by taking an examination and have been rejected without any just reason or cause, but simply because they could not answer some catch or unimportant question. They were, nevertheless, capable physicians, and fitted to perform their duties as such in every respect. This method of treating foreign physicians and students is of no benefit to the community at large. It forces men who are good and worthy citizens to violate the statute and become illegal practitioners. When one has spent four years at college studying medicine he feels that he is entitled to practice his profession, and is loth to allow the whims or prejudices of a body of men to prevent him from so doing. This course leads many, who otherwise would have been able and honored members of their profession, into a career which is looked upon with ignomy by the medical profession. Section 5 should be amended that all colleges must be legally incorporated; the preliminary requirements of all students before being matriculated presented; what advanced standing may be given to students who are graduates from certain other colleges; the qualifications of students and the minimum rate of attendance, the rating of examinations and the allowance that can be made as regards attendance when sickness is the cause of the student's absence. All this is fully set forth in the section, and nothing is left to the discretion of the board—a discretion which has hereto-

fore been frequently abused. Another requirement of this section is that each answer is to be marked separately and the value to which it is entitled marked on the paper itself, not leaving it to the examiner to give a general value to the entire number of answers.

Section 6 should be amended by leaving out the words "has successfully passed said examination."

Section 7 amended so as to allow the books and proceedings of the board to be open to the inspection of any person whatever.

Section 8 so as to provide for the practice of medicine by an applicant, which privilege is left to the discretion of the board, upon his making application to the board to be examined or to be given a certificate to practice medicine, according to the evidence presented to the board. The applicant is allowed to practice until the next examination, which, if he successfully passes, will entitle him to a license; but in the event that he fails he can no longer enjoy the privilege temporarily granted him.

Since the passage of the act of 1901 considerable strife has been stirred up by the action of a certain member of the board towards many honorable men who have come into this State at the invitation of medical colleges in this State. These acts have been instigated by spite, and not done with the intent of carrying out the spirit of the law. In a like manner have a great number of medical students been treated, as these prosecutions are a source of income to the complaining witness as provided by the law, but whether or not it

has been remunerative we are unable to say. It is sufficient, however, to say that those who have advertised the abortionists and the blacklegs of the profession have not been disturbed. The law as it now stands is certainly broad enough to allow a prosecution for such offenses and a revocation of their licenses; yet they have not been disturbed, and, since they are willing to be protected under the guise of assisting in the prosecution of others, the spirit and letter of the law is being constantly violated.

Let us have a fair law. Get fair men on the board. Let us not be the instruments to perpetuate a farcical law and a bigoted board.

Editorial Notes.

Dr. A. O. Conrad of Los Angeles, has moved his office from S. Spring St. to the Remick Block, 517-50 Broadway.

Battle & Co. have issued the fourth illustration in their series of Intestinal Parasites. It is sent free to physicians on application.

Modern Eclecticism is the latest addition to Eclectic journalism. It is published at Atlanta, Ga., and is edited by Geo. A. Doss, M. D. The first number is very bright and interesting, and promises well for the future. We wish the enterprise every success and trust that their New Year will be a very prosperous one.

The U. S. Civil Service Commission

announces an examination on January 18, 1905, to secure eligibles from which to make certification to fill vacancies in the following named positions under the Isthmian Canal Commission in the Isthmus of Panama: Surgeon, physician, pharmacist, hospital interne, trained nurse.

FOR SALE—A \$3,500 Practice in the finest fruit and wine section of the State; no competition. Will sell practice and static machine for \$600.00, or will sell property for \$1,400.00, throwing in practice. Reason for selling, will take up Eye, Ear and Throat.

Address,—Dr. BYRON,
Forest ville, Cal.

The County Medical Society.

The regular meeting of the San Francisco County Society of Physicians and Surgeons was held at the office of Dr. Gere, Wednesday evening, December 7th.

Called to order at 9 p. m. President Atkins in the chair. Roll call showed eleven members and two visiting physicians present. Minutes of November 16th were read and approved.

Appointments for future papers were announced as follows:

December 21, Dr. D. Maclean on Kidney Remedies; January 4, 1905, Dr. G. D. Rich on Diagnosis of Disease from the Eye.

Dr. E. H. Mercer presented a paper on Interstitial Nephritis, which appears elsewhere in the Journal, and which was discussed as follows:

Dr. Gere said: Very often the diagnosis is not clear in kidney diseases. A recent case showed some of the symptoms of contracted kidney but did not show others. There was odema of ankles, eyelids puffed, slight swelling of the hands. No albumen in the urine, quantity normal, sp. g. 1010, sometimes cloudy, sometimes clear, sometimes phosphates, sometimes urates. No heart trouble, no headache. Do not know whether it was contracted kidney. Bright's Disease is not a scientific term. It is applied indiscriminately to almost any condition of the kidney. A specialist (?) in the so-called Bright's disease was once a medical student in Oakland, later he went to Washington and hobnobbed with the President's physicians, now in Chicago. A gentleman, now a patient of mine, went to consult this specialist regarding his wife, whom he thought had Bright's disease. The specialist demanded \$300.00 before he would consult. After quizzing some former patients he put up the \$300.00 and received the following diet card:

MAY EAT—

Apples, asparagus, beans (string), beets, butter sparingly, cabbage (raw), carrots, cauliflower, celery, corn (green), cucumbers, crackers (health food make), eggs, egg plant, figs, fish (fresh), French chestnuts, fruit (fresh and dried), game, Graham bread (home-made), honey, lettuce, maple syrup, mayonaise, nuts, raisins, rice fritters, turnips, tomatoes, spinach, squash, sweetbreads, vegetables (except potatoes).

MAY NOT EAT—

No drink at meals, no tea, coffee, cocoa,

chocolate, wine, beer, whisky, mineral water or other than distilled water.

No pork, ham, bacon, sausage, pig's feet, canned, dired or smoked meat or fish, no beef, bread (except home-made and Graham), beans (except string), catsup, cheese, confections, crackers (except health food make), ice cream, pudding, macaroni, milk with food only, mutton, mustard, oats or any mushes, olives, pastries, pepper, pickles, pies, potatoes, salt or any condiments, sauerkraut, shredded wheat (except dry), tripe, vinegar.

Take olive oil, four to five tablespoonfuls per day, may add lemon or orange juice.

Cabinet bath daily; no laxative or drugs of any kind.

Two meals per day, Teaspoon of nutrient (probably peptonoids—Dr. G.) midway between.

BREAKFAST—Poultry, game, fish, oysters, frogs, Graham bread (home-made), health food crackers, butter sparingly (may substitute olive oil), maple syrup, rice fritters, baked apples, fruits, nuts, sweet potatoes, most vegetables.

DINNER—Same as breakfast, and asparagus, celery, corn, onions, peas, tomatoes vegetables and soups. All fruits and most vegetables.

Dr. Gere said the patient recovered and the husband was satisfied with his \$300.00 diet card.

Dr. Hunsaker reported the case whose pulse was 160, respiration 40. Could not lie down, and patient thought he had asthma. Urine was strong in albumen. A diagnosis was made of hydrothorax. The patient's feet were badly bloated. Put him on apocynum gtt. v.

every two hours. This acted like magic. Also gave digitaline 1-50 hypodermically. Patient now doing well.

Dr. Schirman described a case which he had some years ago, of a lady who came to him with so-called nephritis. The only pain she complained of was a severe burning in the palms of her hands. There was a slight puffing of the eyelids. Urine s.g. 1006, albumen. He gave jaborandi and Epsom salts. Fed on a mixed diet. She was better in one week and continues much better, but there is still some albumen in the urine.

Dr. W. D. Coates, of Loyalton, said, that when one came to discuss kidney diseases he was in deep water. He had treated many cases, some of them died and some did not, could not always say that they got well, but they did not die. He was called in one case of uremic poisoning where the patient died twelve hours after he was called, and another who died in two hours. A case occurred three years ago of a lady who had had an induced abortion a few months previous on account of albuminuria. Later she again become pregnant and was about three months along when she came under treatment. No albumen was found at this time. At six and a half months she miscarried, the baby lived through the ordeal but died at six months of age from acute indigestion. The miscarriage occurred on Tuesday, patient did well up to Sunday, when she became much worse. She was put on jaborandi and Epsom salts and on Tuesday was much relieved. Her old doctor, who was a member of her family, returned at that time and

took charge of her case. A week later her own doctor was out of the town and I was again called in, but she lived only ten minutes after my arrival. Another patient came to me two years ago. An old gentleman, very feeble from chronic Bright's disease, suffered frequent pain and burning urine. Gave thm

R Sp. M. Gelsemium gtt. x.

" Rhus gtt. xv.

" Apocynum 3 ii.

Aqua qs. ad. 3 iv.

M. Sig. Teaspoonful every two hours.

The patient is still living and is in good health.

Dr. Harvey said that interstitial nephritis seldom gave albumen. Parenchymatous nephritis gives albumen early. Uremia is the first symptom of interstitial variety and albumen comes late. There is a diminution of solids, this may exist for years. Early in the disease urine may be increased, later diminished. There are seldom casts in interstitial, but in parenchymatous we get epithelial casts, lots of albumen and all forms of tube casts, and we have dropsy, which is not the case in interstitial nephritis. Nephritis is generally chronic and pain is not necessarily present. Acute nephritis causes pain. In a case where there are all sorts of casts I prescribe much as Dr. Mercer, but first give ergot and digitalis. If blood appears in the urine stop the above and give nitroglycerine, then strychnine and the chloride of gold and sodium.

Dr. Forster reported the case of a lady of 60 year apparently moribund,

given up by other doctors. Her pulse was 170, respiration 45, urine suppressed, general odema, difficulty in breath. Gave

O. Sp. M. Cratægus, 3 iij.
 " Gelsemium 3 j.
 " Digitalis, 3 ss.
 Sol. Strychnia, 1-100 3 j.
 Aqua. q. s. ad. 3 iv.

M. Sig. Teaspoonful every two hours.

The patient is still living and doing well. Bright's disease is connected with neuroses, reflexes from the uterus, etc. Treating these causes will often cure the kidney affection. In a case resulting from the menopause I gave viburnum and gelsemium, and paid no attention to the kidneys. She is now well.

Dr. Atkins reported another experiment performed last Sunday. He passed platinum electrodes into the stomach of a robust man. The points were one inch apart. The man had fasted twenty-four hours previous to the experiment. A current of 8 to 10 millivolts was shown.

Adjourned at 9:20 P. M.

W. C. BAILEY, M. D., Sec'y.

POSTPONEMENT.

The response to the announcement of the proposed Historical Medical Exhibition has been beyond my expectations, and this, together with the many valuable suggestions received from leading members of the profession and the trade, at home and abroad, has prompted me to considerably widen its scope. The extent of the work involved renders it

impossible to fix a definite date for the exhibition until a later period, announcement of which will be duly made. Although in one sense, I regret this delay, it will on the other hand enable me to make the exhibit more comprehensive and complete, and to include many objects of exceptional interest that have been promised from different quarters of the globe.

HENRY S. WELLCOME.

The Importance of Sustaining the Vital Resisting Powers, with Illustrative Cases.

By LAFAYETTE BENNETT, M. D.,
 CENTRAL CITY, KY.

Osler, in the chapter on treatment of tuberculosis in his work on practice, says that there are three indications for treatment, and the first is: "To place the patient in surroundings most favorable for the maintenance of a maximum degree of nutrition." This may be said to be a principle, applicable not only in the treatment of tuberculosis, but of all morbid processes. Phthisis is an affection in which the waste of tissue exceeds its nutrition—but only a moment's reflection is necessary to bring to the mind of the practitioner the fact that in other—and, in truth, all—diseases there is a greater or less degree of interference with normal metabolism. It is the attention to this point that renders one physician successful in a certain class of diseases. If, in the management of pneumonia, typhoid fever, or any disease where tissue-waste is marked, the maintenance of the resisting power is lost sight of, the outcome of the case will be unfavorable.

There is no more successful way to combat disease germs than by keeping the patient well nourished. All competent observers have laid stress on the fact that "seed and the soil" are both necessary. This is true, and explains why well-nourished persons often escape being stricken with disease, and, on the other hand, why others are so susceptible. This principle is now applied to treatment, and is to go hand in hand with the administration of such drugs as have been found of service.

Bovine contains all the nutritive elements. It is live, defibrinated blood, sterilized, and preserved by a cold process. I have found that by the regular administration of bovine I could keep my patients nourished, the pulse volume would be kept good, and they would more quickly recover than when other means were used, to maintain the vital resisting power. Vital resistance is dependent upon nutrition, and if this is attended to we may expect the most favorable results possible.

I now depend upon the virtues of bovine with the utmost confidence and give it regularly from the incipency of attacks of all diseases which are in their nature serious or protracted—as pneumonia, typhoid fever, etc. Bovine should be begun, as already stated, at the incipency of disease processes, and continued until the patient has advanced so far that he can take food normally. Bovine should be given at first in doses of a half teaspoonful in half cupful of milk, every three or four hours, and this quantity is to be constantly increased. I gradually increase it until the patient takes

a tablespoonful every three or four hours.

A lady, aged twenty-five, who was ill of grippe, sent for me. She had had an attack of otitis media several weeks before, and this had left her somewhat anæmic and generally below par physically. She had a temperature of 103° F. when I saw her and a pulse of 140. She also had bronchitis, which was attended with an agonizing cough. She had eaten nothing for several days and felt greatly debilitated, and she was also greatly discouraged. I put her on bovine (in the dosage advocated above), gave her quinine and salol, together with a cough mixture. On this treatment my patient made steady improvement after the first day, and I was able to discharge her in a week. In view of the fact that this woman's physical condition was at low ebb, I think this result was one which emphasizes the importance of maintaining the resisting powers by the regular administration of bovine.

In many cases like this it is common for patients to have anæmia for a protracted period, or if, as in this instance, the patient had bronchitis, it generally becomes chronic. All of us are familiar with such cases.

A child aged eighteen months was taken ill with enterocolitis. The parents had given it chalk mixture and such other domestic remedies as are known to the laity. I saw it after the disease had been in existence for several days. The little patient had no appetite. It was a bottle-fed baby, but would take scarcely any milk. I put this patient on subnitrate of bismuth



and had it given bovine in doses of from two to five drops every two hours stirred in some milk. This acted happily in giving the patient strength, and he made a complete recovery in a short period of time. I place great reliance on bovine in the treatment of the intestinal disorders of infants. It increases their resisting powers, and, of course, greatly shortens the duration of the disease.

A lady, age 25, having pneumonia, attended with pleurisy, with high temperature range, sent for me. I had only lately advised this woman to wean her well-nourished baby, because she complained of nervousness and was apparently anæmic. I relied to the largest extent in treating this disease upon bovine, which I gave regularly and continued throughout the illness. This patient, although many untoward factors were present, made a complete recovery in the average time. This result is logically the outcome of the regular administration of bovine and the support which this agent gave to the resisting powers.

A man who had tertiary syphilis and who got no good results from iodide of potassium, was, on the general principle stated in this article, put on liberal dosage of bovine. On this agent his general health improved, he could retain the specific drug, and got along well.—*The Medical Bulletin*, June, 1904.

Dr. I. M. Proctor of Petaluma gives elsewhere in this issue the report of his experience with Triosine in Chronic Nephritis. He recorded but one failure in over a dozen cases.

A New Therapeutic Agent of Value in the Treatment of Epilepsy, with the Report of a Case.

Hugo Erichsen, M. D., L. R. C. P. and S., reports an interesting case in the *Medical Age* for September 25, 1904. The author says:

“The patient had had nineteen well-defined attacks of epilepsy since the summer of 1900. Shortly after the occurrence of the last, I took charge of his case. Up to that time he had been taking the bromides at irregular intervals, owing to the fact that his stomach was easily deranged. Eventually they had to be rejected. Even bromide of sodium proved objectionable for this reason.

“About this time my attention was directed to ‘Brometone.’ It proved to be the very thing I was looking for, as the patient had no difficulty in retaining it, and it did not give rise to untoward after-effects. After taking what was evidently an overdose, the patient experienced drowsiness during the day, but when the dose was reduced to five grains (in capsules) three or four times a day, he had no further trouble in this respect.

“Brometone contains about 77% of bromine, and possesses the sedative and other characteristic effects of that agent. It is preferable to the bromides, because it does not excite nausea, vomiting, or alimentary disturbance. Moreover, it does not seem to produce the undesirable systemic depression often resulting from the older bromides. Although my patient has been taking Brometone day after day for over a year, he has not been afflicted

with skin rashes or any other indications of bromism. Furthermore, he has not had an attack for sixteen months, has gained in weight, improved in appearance, and takes a more cheerful view of the future.

"From my experience with it, I am inclined to believe that Brometone will prove of service in the treatment of other nervous conditions, particularly insomnia, headache, and delirium tremens. It may also prove of benefit in some cases of asthma and may relieve cough of reflex nervous origin."

A prominent physician, in lecturing recently on a case of senile pneumonia at the Philadelphia Hospital, said:

"Hot flaxseed poultices, well made so as to retain their heat for four hours, were kept about the thorax during the day, and at night were replaced by a lamb's wool jacket, for the better part of a week. It is important when poultices are used that they should be well made and should retain their heat for four hours, in order that the patient shall not be continually disturbed to change them. Fever patients need rest, not only sleep at night, but rest during the day. It is rarely wise to wake the patient, either for food, for medicine, for bath, or for any other application. Save in exceptional instances, sleep will do more to favor recovery than the agent for whose sake it is interrupted."

The time was when the above statements would have received the hearty indorsement of all thoughtful medical men. But this is not the ox-cart, candle, or horse-car age. We are living in

the twentieth century. The old things must be laid aside. They are valuable only as antiques.

We have the cleanly and convenient electric light instead of the greasy candle. Why not Antiphlogistine, made of cleanly and aseptic materials and capable of maintaining a uniform degree of temperature for twelve to twenty-four hours or more, instead of the bacteria-breeding, soggy, clammy linseed and other poultices?

Most up-to-date doctors say: "Yes, we know all about Antiphlogistine and use it regularly as routine treatment in all cases where inflammation is present and a local remedial agent is indicated."

Picture an individual with temperature 104° to 105° , pulse 120-140, resp. 40-70. If any one craves and absolutely needs rest and sleep it is such a patient. A linseed poultice affords a very poor means for the continuous application of moist heat, nothing more. It can not be sufficiently well made to retain a temperature of value for more than a half hour. Antiphlogistine need not be changed oftener than once in twelve to twenty-four hours, during which time a comparatively uniform temperature is maintained. Refreshing sleep is invited and not hindered. It stimulates the cutaneous reflexes, causing a contraction of the deep-seated and coincidentally a dilation of the superficial blood-vessels. At the same time, it attracts or draws the blood to the surface—flushes the superficial capillaries—bleeds but saves the blood.

The circulation is thus favorably affected. The aggravating symptoms are almost immediately ameliorated.

Congestion and pain are relieved, the temperature declines, blood pressure on the overworked heart is reduced, the muscular and nervous systems are relaxed, and refreshing sleep is invited.

UNDERWEAR PROTECTION.

Winter is here, and with it the ever increasing dread of pneumonia. Some people fancy they can obtain safety in heavy woolen undergarments, unmindful of the fact that the very animal which produces (and wears) wool is a most prolific victim of pneumonia.

Wool is destined for outer clothing, but impossible as an undergarment. Slow of absorption, still slower of drying, unable to stand proper washing, irritating the skin, it is the cause of more sickness than is generally understood.

To wear wool next the skin is but an urgent invitation for colds and pneumonia to enter.

Underwear is often called "body linens." Linen absorbs—towels are made of it—it dries rapidly, is known for its cleanliness, but ordinarily it is cold and clammy.

In the Dr. Deimel Underwear the coldness has been taken out of the linen. By a skillful combination of flax with abassi, a soft, warm, and porous linen has been evolved, called Linen-Mesh (a word registered by Dr. Deimel in 1894, but now used by others indiscriminately) which, since its introduction ten years ago, has received the most friendly and grateful appreciation throughout the world.

All who are subject to colds and

rheumatism, or threatened with bronchitis or pneumonia, will observe an immediate change for the better by adopting the Dr. Deimel Underwear.

A free booklet giving interesting information on the underwear question will be gladly forwarded to those addressing the Deimel Linen-Mesh Company, 491 Broadway, New York.

Dec. 30, 1903.

Wm. S. Merrell Chemical Co.,

Cincinnati, Ohio.

Gentlemen — Some time ago you wrote requesting me to give my experience in the use of Nephroson. Would say first that I have never given a testimonial before in my life for any proprietary medicine, but I must say that in the use of Nephroson I have found it to be a remedy par excellence in diseases of the kidneys and bladder.

My first case in which I tried it was in a man seventy-two years of age. Diagnosis, "Bright's disease of kidneys." General anasarca, feet and legs swollen to double their normal size; abdomen so large that pants would not meet by ten inches. Urine was loaded with albumen and the various casts and cells due to a broken-down kidney or kidneys. I informed the family of his condition and gave an unfavorable prognosis; said that owing to age and disease he would not be apt to recover. They thought that possibly I might be mistaken and requested me to take a sample of the urine and send to a son-in-law in Indiana, who was a practicing physician. I did so and he took it to a specialist, who pronounced it a case of Bright's disease without a doubt. Dur-

ing all this time I had tried the various remedies without any change in his condition, with the exception that I had drawn off a good deal of water through the bowels by catharsis.

After I had tried all the known remedies, I was casting about for something else when I ran on to Nephroson, which I put him on along with the various other tonic remedies. Before he had used one bottle the albumen and the debris in the urine commenced to lessen, and inside of three months under the continued use of the drugs he was pronounced well, and at this date, sixteen months, is able to attend to customers in his store without any return of the disease whatsoever.

Am using it now on two other cases with apparent good success.

Truly yours,

Meade, Kas. WM. F. FEE, M. D.

—*Therapeutic Digest.*

AN OLD REMEDY COMBINED WITH A NEWER ONE.

The *Massachusetts Medical Journal* recently published the following cases, which will no doubt be interesting to our readers :

"Case I. J. P. Athlete. Suffering from an acute cold. On examination found temperature 101° , with a cough and bronchial rales. Patient complained of pain induced by constant coughing. Prescribed antikamnia & heroin tablets, one every four hours. After taking six tablets, the cough was entirely relieved. Patient continued taking one tablet three times daily for three days, when he ceased taking them

and there has been no return of the cough or pain.

"Case II. Ed. H. Age 30. Family history — hereditary consumption. Hemorrhage from lungs eighteen months ago. His physician had me examine sputum ; found tubercle bacilli. After prescribing various remedies with very little improvement, I placed him on antikamnia & heroin tablets, prescribing one tablet three times a day and one on retiring. He has since thanked me for saving him many sleepless nights, and while I am aware he never can be cured, relief has been to him a great pleasure and one which he has not been able to get heretofore.

"Case III. Wm. S. Aged 28. Lost 20 pounds in the last 30 days. Consulted me July 9th. I thought he most certainly would fall victim to tuberculosis. Evening temperature 101° with night-sweats and a very troublesome cough with lancinating pains. Prescribed 1-100 gr. atropine to relieve the excessive night-sweats and one antikamnia & heroin tablet every four hours, with the result that he has entirely recovered and is now at work as usual.

"Neither in these, nor in any other of my cases, were any untoward after-effects evidenced, thus showing a new and distinctive synergetic action and one which can not help being beneficial."

In cardiac disturbances with pain and oppression in the region of the heart, palpitation and difficult breathing caused by cardiac disease, Normal Tincture *Convallaria Majalis* is indicated.

NATURAL SLEEP.

The treatment of sleeplessness in this generation has become somewhat simplified, because it is now recognized as a symptom and not as a distinct disease. It appears in such various phases and is associated with so many disorders that it is conquered with difficulty. But whether the defect is functional or structural, it demands correction. It is a mistake to employ sedatives and hypnotics indiscriminately. First of all, it must not derange the assimilative system; it must have no depressing effect on the heart and blood-vessels, and must be palatable.

The only preparation which approximates the theoretical hypnotic, because it meets each of these requirements so completely, is Daniel's Conct. Tinct Passiflora Incarnata. Its action is free from the destructive and irritable effects of the gastric mucosa. It is a local anesthetic to the stomach and a sedative to the entire nuclear areas.

*Sanmetto in Atonic Conditions of the
Genito-Urinary Organs Resulting
from Chronic Urethritis.*

I have used Sanmetto quite extensively as a genito-urinary tonic in chronic atonic conditions of the genito-urinary organs resulting from chronic specific urethritis, and have met with most excellent results.

WILL F. SCHULTZ, M. D.
Covington, Ky.

Various preparations of Cod Liver Oil have appeared in the market during the past ten years, but for palatability and efficiency none of them has

surpassed Hagee's Cordial Cod Liver Oil Comp. This preparation has become a standard with many doctors all over the country, and the results achieved are most satisfactory. The freedom from grease and the fishy odor makes it peculiarly acceptable to patients with weak stomach.—*Southern Medicine and Surgery.*

Book Notes.

ALL BOOKS reviewed in these columns may be examined by prospective purchasers, at the JOURNAL Editorial rooms from 10 to 12 daily, within thirty days of the appearance of the review. We invite students to examine these publications. Publishers will please notify us of the net price of all books.

How to Study Literature.—By Benjamin A. Heydrick. Hinds & Noble, 31-33-35 West Fifteenth Street, New York, publishers. Price, 75 cents, post-paid.

The aim of this manual is to facilitate the appreciative study of literature as literature; to concentrate the attention upon the text itself, not upon editorial explanation or comment. It furnishes means by which the student can ascertain for himself the chief characteristics of the book studied. Not to present ready made opinions for his acceptance, but to help him to see for himself and to judge for himself is the design throughout.

Further, each book is treated as a type, a representative of a class, so that the study of a few books may open the way to the appreciation of many; that through the medium of a few volumes the student may gain an outlook upon the world of literature.

A Method for the Millions.—By Dr. Emily Noble.

This is a very interesting little book, devoted principally to breathing and exercises. The author, during an extended visit to India, had the opportunity of observing the methods especially of breathing practiced by the people there and has embodied her observations and experience in a very attractive and practical form. It is, in fact, a plea for abdominal breathing and we heartily recommend its perusal.

Physiological Economy in Nutrition.—By Russell H. Chittenden, Ph. D., LL. D., Sc. D., Director of Sheffield Scientific School of Yale University, etc. Frederick A. Stokes Co., New York, publishers. Price, \$3.00.

This book deals with a number of experiments conducted with special reference to ascertaining the minimum proteid requirement of healthy men. The author has considered the possibility that through habit we have become ad-

dicted to the use of undue quantities of proteid food, and that this excess may be responsible for many diseased conditions and even may affect the mental states.

To ascertain if this be so, a number of experiments have been conducted. The first group of experiments is with professional men, the second with volunteers from the Hospital Corps of the U. S. A., and the third with university students trained in athletics. The results are all carefully tabulated and afford material worthy of careful consideration.

From the data collected it is obvious that in the diet of the average person the amount of proteid food consumed could be diminished by one-half with perfect safety.

It is to be hoped that the outcome of these most interesting and scientific experiments will be a better understanding of the dietary requirements of man, and a consequent improvement in the health and happiness of the race.

Phone Jessie 4496.

ELLA C. IRVING, Supt.

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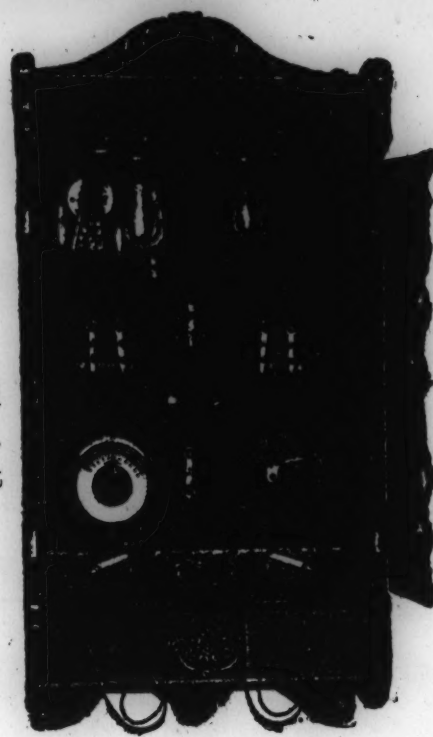
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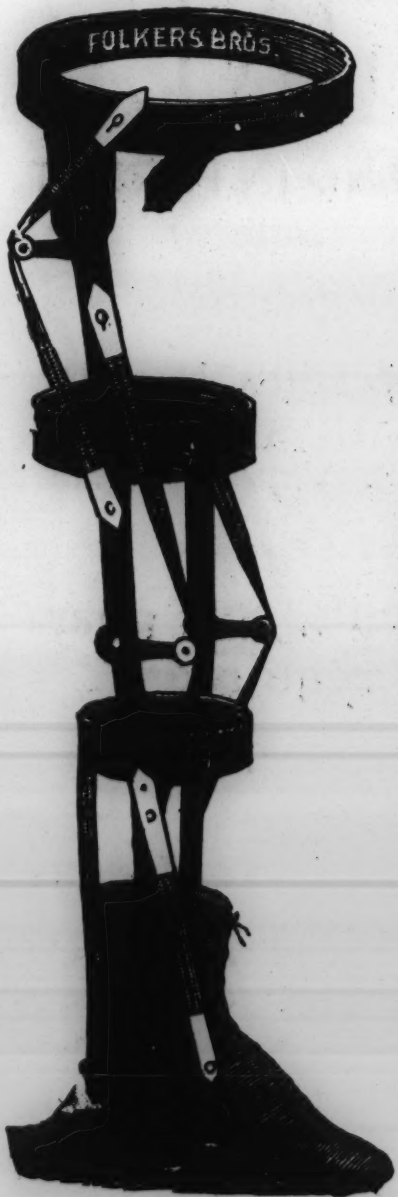
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R. Specific Collinsonia, - - - - - f $\frac{3}{4}$ j.
Simple syrup, - - - - - q. s. ad f $\frac{3}{4}$ iv.
M. Sig. Teaspoonful four or five times a day.

For its general tonic effect upon the digestive tract, Collinsonia is a remedy of no mean value in functional gastric troubles, atonic dyspepsia, constipation, anemia, chlorosis etc. However, next to its specific action in throat affections, we desire to suggest the use of Collinsonia in rectal diseases, and in troubles about the anal outlet. As an internal medicament in the treatment of hemorrhoids, Collinsonia has no equal, if the cases be well chosen. There is *irritation, constriction, congestion*, a feeling as though a foreign body of no small size were lodged within the bowel. There is heat, burning, and perhaps hemorrhage. It is also very efficient as an internal remedy in the relief of the disturbances due to rectal pockets, papillæ, ulcers, spasmodic stricture, etc. It is not surpassed by any remedy in these troubles, unless it be by operative measures. The latter are more speedy, but hardly more certain. The same is true of Collinsonia in certain cases of spasmodic contraction of the sphincter ani, and in general prostatitis.

As adjunct remedies to be used in combination or in alternation with Collinsonia, we should consider specific ipecac, powdered rhubarb, and either the second or third decimal trituration of sulphur, or the second trituration of podophyllin. Collinsonia should not be forgotten in reflex troubles due to rectal irritation. In this line we mention reflex cough, asthma, chorea, headache of a dull, frontal variety, and reflex cardiac affections. It is frequently a remedy in dysentery, and in cholera infantum, when there is much tenesmus, with *irritation, constriction and congestion*.

Collinsonia is highly recommended in certain functional urinary troubles, when the symptoms calling for it are prominent. It allays the irritation and gives speedy relief. Many times it is the remedy in incontinence of urine, in urethral or vesical hyperesthesia, and for minor gonorrheal disturbances. Because of this action it has been suggested as a remedy in gravel, calculus, in dropsy, and in varicocele. It is also a remedy for hemorrhoids, swollen genitals, pruritus vulva and ani of the pregnant female. By some it is recommended in certain cases of dysmenorrhea, amenorrhea, leucorrhea, prolapsus, etc.

The symptoms—*irritation, congestion, and constriction*—presenting in any case of whatever name or nature, call for Collinsonia. For use in rectal, anal, and genito-urinary diseases, the dose does not need to be as large as recommended above. Ten drops of the Specific Medicine to four ounces of water, and a teaspoonful of the mixture every hour or two, is sufficient for most purposes in these cases. Larger doses, however, are not followed by deleterious effects. Remember, that when *irritation, congestion, and constriction* are present, Collinsonia is the remedy, call the disease what you may.—*Editorial from the Eclectic Medical Journal.*

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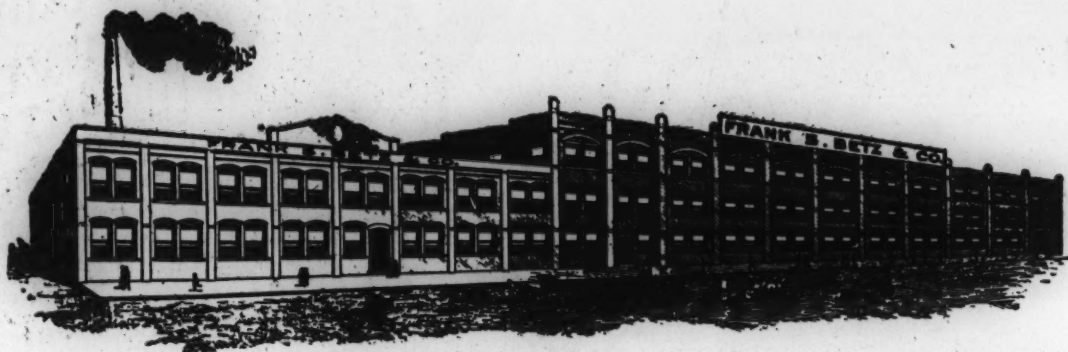
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